

Current Policy Can Cost Seniors Thousands in Unexpected Emergency Medical Costs

Washington, DC - Seniors throughout the United States have faced thousands of dollars in unexpected medical bills after Medicare has denied coverage for certain ambulance services. Congressman Maurice Hinchey (D-NY) is calling on Medicare to change the policy, which unfairly discriminates against seniors in rural areas who rely on ambulance services provided by volunteer fire departments. The volunteer responders, who are barred by law from performing Advanced Life Support (ALS) procedures needed when serious medical problems arise, often call for backup from a professional paramedic intercept service. But, as many seniors are finding out, those types of intercept services, aren't covered under current policy. Hinchey is asking the Centers for Medicare and Medicaid Services (CMS) Administrator Donald Berwick to change the policy so that seniors in rural areas don't have to pay out of pocket for services that are fully covered for seniors in urban areas.

"This is a significant problem, and it's got to be addressed," said Hinchey. "The last thing a senior living on a fixed income needs is to be whacked with hundreds of dollars in unexpected ambulance fees. The current policy unfairly discriminates against Medicare beneficiaries. We simply cannot have seniors second guessing whether to call an ambulance for fear of the bill. These are important health care services and they should be covered. Hopefully, CMS will change its policy."

Hinchey's office was contacted by Ida Gage of Pine Bush, New York who in January of 2010 experienced severe chest pains and called 911. A volunteer ambulance arrived, but, because of the severity of her case, a service capable of providing ALS was called in. A similar incident occurred again six months later, at which point Ida was confronted with two bills, totaling \$1,300. After over a year of letters, phone calls and appeals to Medicare with Hinchey's help the charges were eventually covered.

"This case is not just about me but many other senior citizens faced with the same problem," she wrote in a letter thanking Hinchey for his assistance in resolving the issue. "I have friends who are just barely making ends meet and they refuse to take an ambulance because of this problem."

Hinchey has tried for years to correct the problem, but so far legislative efforts to address the lack of coverage for ALS intercept services have not gone through. Hinchey is hopeful that an administrative decision at CMS will address the problem. The full text of Hinchey's letter to Berwick follows.

Donald Berwick, MD.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Dear Administrator Berwick,

I am writing to bring your attention to an important emergency care issue facing my constituents. Due to CMS's current policy, certain involuntary emergency services are not covered under Medicare, and as a result, many Medicare recipients are forced to pay exorbitant costs for these services.

As you may know, many Americans living in less densely populated areas rely on volunteer ambulance departments for emergency transportation and important life saving services. However, volunteer departments are only trained to administer Basic Life Support (BLS). When a patient requires additional medical attention, volunteer ambulance departments often rely on Advance Life Support (ALS) paramedic intercept services. Often, the paramedic intercept will meet the ambulance en route to the hospital and administer life-saving procedures. Without these critical services, many patients would die or see their condition significantly worsen before reaching a hospital.

Currently, Medicare does not reimburse ALS paramedic intercept services unless the ALS provider contracts with a volunteer ambulance department. Under these contracts, volunteer ambulance departments bill Medicare for their services, as well as the ALS services, and split the payment with the ALS provider. However, in my home state of Upstate New York, many volunteer ambulance departments are part of a fire department. New York State law prohibits fire departments from billing for their services, including ambulatory services, which bars them from entering in a contract with an ALS provider. As a result, many of my constituents are forced to pay for the full cost of their ALS services, which often totals more than \$600 per

episode.

To ensure that all Medicare beneficiaries are not faced with burdensome emergency care costs, I request that you allow ALS paramedic intercept services from the state of New York to bill Medicare directly for their services when their services are utilized by a volunteer fire department. Current CMS payment policies illustrate that CMS believes ALS services should be paid for, but does not want to pay two emergency care providers. By removing this requirement for areas in New York that house ambulance services within their fire departments, CMS would maintain its current policy of only paying one provider and would also lessen the burden many Medicare recipients face after receiving emergency care.

It is my belief that CMS must ensure Medicare recipients have access to quality care, especially in times of emergency. I respectfully request a review of the current ALS paramedic intercept payment policy to ensure that no undue burdens are placed on Medicare recipients.

Thank you for your assistance in this very important matter.

Sincerely,

Congressman Maurice Hinchey